

PUBLIC VOUCHER FOR PURCHASES /
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____
Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010013-1

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Ramo-Wooldridge Corporation
(Payee)

8820 Ballanca Avenue Los Angeles 45, California
(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms INVOICE NUMBERS	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		2009 2010 2011 2012				\$ 808 13,486 23,625 642	63 51 79 87
PAYMENT:		11/10/58 Contractor should have received \$38,563.80. Supplemental invoice #2009 made on 11/10/58 on which contractor was paid the additional 2,000.00 Use continuation sheet(s) if necessary					
Complete	<input type="checkbox"/>						
Partial	<input type="checkbox"/>						
Final	<input type="checkbox"/>						

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$36,563 80

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences _____

Amount verified; correct for _____

(Signature or initials) _____

Per _____ Title _____

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \$ _____

STATINTL

SIGN
ORIGINAL
ONLY

Title _____

(Contracting Office)

STATINTL

STATINTL

By _____ Date _____

(Approving Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____ } favor of payee named above.
Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the approving officer. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

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U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To **Ramo-Woolridge Corporation**
(Payee)

8890 Ballantrae Avenue **Los Angeles 43, California**
(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms INVOICE NUMBER	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		8009				808	63
		8010				13,486	51
		8011				23,625	79
		8012				642	87
Total						436,563	80

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials)

Per _____ Title _____

Contract No. **A-101** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____
(Contracting Office)

Title _____
(Approving Officer)

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

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